

AO 440 (Rev. 06/12) (12/22 WD/VA) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Western District of Virginia

WHOLE WOMAN'S HEALTH ALLIANCE et al

Plaintiff

v.

UNITED STATES FOOD AND DRUG
ADMINISTRATION et al.

Defendant

)
)
)
) Civil Action No. 3:23-cv-00019
)
)
)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
c/o General Counsel
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Gail Deady (VSB #82035)
Rabia Muqaddam
Center for Reproductive Rights
199 Water St, 22nd Fl
New York, NY 10038

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

LAURA A. AUSTIN, CLERK OF COURT

 Deputy Clerk

Deputy Clerk

Date: 5/8/2023

Civil Action No. 3:23-cv-00019

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: